

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. h.		4/24/99
O.I.P.E. CLASSIFIER	ST	69916	12/14/99
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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41	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
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Claim	Date
Final	
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If more than 150 claims or 10 actions
staple additional sheet here

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